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PARTS OF APPLICATION FILED SEPARATELY					
NOTICE OF ALLOWANCE MAILED		· · · · · · · · · · · · · · · · · · ·		MS ALLOWED	
	Assistant Examiner		Total Claims	Print Claim	
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Label	PREPARED FO	Primary Examine	BATCH NUMBER		40
Area	WARNING: The information d	isclosed herein may be	e restricted. Unauthorized ctions 122, 181 and 368. to authorized employees	d disclosure may be prohibit Possession outside the U. and contractors only.	ed S.
Form PTO-438A (Rev. 8/92)					